

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007090</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/15/2016</b>
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**PARIS HEALTH CARE CENTER**

**1011 NORTH MAIN STREET  
PARIS, IL 61944**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------------	--	---------------------	--	--------------------------

S 000 Initial Comments

S 000

Annual Licensure and Certification Survey

S9999 Final Observations

S9999

**STATEMENT OF LICENSURE VIOLATIONS:**

300.1210b)5)  
300.1210d)6)  
300.1220b)2)7)  
300.3240a)

**Section 300.1210 General Requirements for  
Nursing and Personal Care**

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:

5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007090</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>07/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARIS HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1011 NORTH MAIN STREET PARIS, IL 61944</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 1  that each resident receives adequate supervision and assistance to prevent accidents. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. 7) Coordinating the care and services provided to residents in the nursing facility. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)  These regulations are not met as evidenced by:  Based on record review and interview, the facility failed to provide supervision while toileting a resident. This failure resulted in R2 falling and sustaining a Cervical Fracture and a Vertebral Artery Dissection. R2 is one of six residents reviewed for falls in the sample of 16.  Findings include:  The Physician Order Sheet for R2 dated July 2016 includes the following diagnoses: Difficulty in Walking, Cognitive Communication Deficit, Lack of Coordination and Muscle Disorder. R2's Minimum Data Set (MDS) dated 4/1/16 documents R2 as moderately cognitively	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007090</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>07/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARIS HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1011 NORTH MAIN STREET PARIS, IL 61944</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 2  impaired. This same MDS documents that R2 is an extensive assist with staff providing weight bearing support for transfers and toileting.  The facility report titled "Incident Log" dated August 2015 through July 12, 2016, documents that R2 has had the following falls: 1/26/16 - fell while self transferring, 3/26/16 - trying to step on a bug when in the wheelchair, 4/10/16 - self transferring to go to the toilet and 5/7/16 - resident sitting on toilet and decided to self-transfer and fell and hit head.  The Incident Report Investigation dated 5/7/16 at 12:10 am documents the following: "Resident was on bathroom stool and decided to transfer (self) to wheelchair .....(R2) stated 'I stood up and my legs got weak and I fell hitting my head.'" The following documented statement from the Certified Nursing Assistant, E14 is part of the 5/7/16 fall investigation: "I got resident ready for bed and was toileting (R2). (R2) was sitting on the toilet when I heard a PCA (Personal Clip Alarm) going off from another resident's room. I told (R2) not to get up, that I would be right back. After answering the alarm, I returned to (R2's) room where I found (R2) on the floor in front of the toilet. Being the only one on the floor, I ran to the desk, called to South Hall for the nurse to come over. I then returned to (R2) and the nurse came." E15, Registered Nurse documents that R2 was found on the floor in a supine position (on back) and R2 complains of upper neck pain. E15 assessed R2 and left R2 on the floor in "back-lying position. E15 documents that R2 was sent to the ER (emergency room) for evaluation by ambulance.  The hospital report dated 5/7/16 documents that R2 arrived in the emergency room at 1:10 am and	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007090</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>07/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARIS HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1011 NORTH MAIN STREET PARIS, IL 61944</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>a Computerized Topography (CT) was performed. The following documented results are as follows: "The Cervical Spine demonstrates a non-displaced fracture involving the right (first cervical) C1 arch.....does extend into the foramen.....transfer ordered to (larger trauma hospital)."</p> <p>The trauma hospital does not provide a written report or a copy of R2's CT for review. However, the discharge instructions dated 5/7/16 confirms the diagnosis of "Closed Non-displaced fracture of first cervical vertebra" with the additional diagnoses of "Vertebral artery dissection and Fall, initial encounter."</p> <p>On 7/13/16 at 12:15 pm E2, Director of Nursing stated "(R2 should not have been left on the toilet (alone).)" E2 also acknowledged there was only one Certified Nursing Assistant on R2's hall at the time of R2's fall.</p> <p>On 7/13/16 at 2:10 pm Z1, Primary Care Physician of R2, stated that the fall in the bathroom at the facility caused R2's C1 fracture and Vertebral Artery Dissection. Z1 stated "(R2) should never have been left unsupervised on the toilet....(R2) has had previous falls from trying to self-transfer."</p> <p>(A)</p> <p>300.2010a) 300.330</p> <p>Section 300.2010 Director of Food Services a) A full-time person, qualified by training and experience, shall be responsible for the total food and nutrition services of the facility. This</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6007090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  07/15/2016
NAME OF PROVIDER OR SUPPLIER  PARIS HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 NORTH MAIN STREET PARIS, IL 61944		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4  person shall be on duty a minimum of 40 hours each week.  1) This person shall be either a dietitian or a dietetic service supervisor  300.330 Definitions - Dietetic Service Supervisor - a person who: is a dietitian; or is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or is a graduate, prior to July 1, 1990, of a Department-approved course that provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution which included consultation from a dietitian; or has successfully completed a Dietary Manager's Association approved dietary managers course; or is certified as a dietary manager by the Dietary Manager's Association; or has training and experience in food service supervision and management in a military service equivalent in content to the programs in the second, third or fourth paragraph of this definition.  This requirement is not met as evidenced by the following:  Based on interview and record review the facility failed to have a qualified Dietetic Services Supervisor who has completed the required training and works 40 hours per week in the kitchen. This has the potential to affect all 77 residents.  Findings include:  On 7-12-16 at 2:15pm E1, Administrator stated	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007090</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>07/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARIS HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1011 NORTH MAIN STREET PARIS, IL 61944</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 5  "the new Dietary Manager (E6) starts tomorrow (7-13-16). (E6) has not completed the training for the 90 hour Dietary Managers course but we are going to look into that tomorrow when she gets here. (E8) was here as Dietary Manager 2 months ago but only stayed 2 weeks. (E9) was a Certified Dietary Manager that just left employment on January 7, 2016." E1 continued to state "(E7) Head Cook, does the scheduling and ordering for now."  The Resident Census and Conditions of Residents Report on 7-12-16 reflects a census of 77 residents.  (AW)  300.615a)b)e)  Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information a) For the purpose of this Section only, a nursing facility is any bed licensed as a skilled nursing or intermediate care facility bed, or a location certified to participate in the Medicare program under Title XVIII of the Social Security Act or Medicaid program under Title XIX of the Social Security Act. b) All persons seeking admission to a nursing facility must be screened to determine the need for nursing facility services prior to being admitted, regardless of income, assets, or funding source. (Section 2-201.5(a) of the Act) A screening assessment is not required provided one of the conditions in Section 140.642(c) of the rules of the Department of Healthcare and Family Services titled Medical Payment (89 Ill. Adm. Code 140.642(c)) is met. ***SEE SECTION 140.642(c) BELOW*** e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6007090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  07/15/2016
NAME OF PROVIDER OR SUPPLIER  PARIS HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 NORTH MAIN STREET PARIS, IL 61944		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6  shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)  Section 140.642 Screening Assessment for Nursing Facility and Alternative Residential Settings and Services c) A screening assessment does not apply to an individual who: 1) is receiving or will be receiving sheltered care services; or 2) transfers from one facility to another, with or without an intervening hospital stay. It is the transferring facility's responsibility to ensure that copies of the resident's most recent screening assessment accompany the transferring resident; or 3) resided in a facility for a period of at least 60 days and is returning to a facility after an absence of not more than 60 days; or 4) is receiving or will be receiving hospice services; or 5) is readmitted to a facility after a therapeutic home visit; or 6) is readmitted to a facility from a hospital to which he or she was transferred for the purpose of receiving care; or 7) resided in the facility on June 30, 1996.  These requirements were not met as evidenced by:  Based on record review and interview, the facility	S9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007090</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>07/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARIS HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1011 NORTH MAIN STREET PARIS, IL 61944</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 7  failed to perform determination of need screenings for six residents (R31 through R35 and R37) out of ten residents reviewed for screenings, and failed to perform criminal history background checks for six residents (R31 through R36). These failures have the potential to affect all 77 residents residing in the facility.  Findings include:  On 7/13/16 at 10:15 am, determination of needs screens were reviewed with E19, Business Office Manager. Findings were as follows:  R31's Census Sheet documents R31 was readmitted to the facility on 7/10/16. E19, Business Office Manager, provided a determination of need screen dated 12/1/15. R31's Census Sheet documents R31 had a prior admission to the facility on 12/5/15 and was discharged from the facility on 12/23/15.  R32's Census Sheet documents R32 was admitted to the facility on 6/30/16. E19 provided a determination of need screen dated 11/24/14 which documented R32 required assisted living services, not nursing home services. E19 stated, "(R32) came to us from an assisted living facility where they could no longer care for (R32)." R32's Census Sheet documents R32 had a prior admission to the facility on 12/19/13 and was discharged from the facility on 12/30/13.  R33's Census Sheet documents R33 was admitted to the facility on 6/27/16. The facility's screening provided by E19 documents R33 was screened for determination of need on 7/13/16. R33's Census Sheet documents R33 had a prior admission to the facility on 6/17/15 and was discharged from the facility on 7/2/15.	S9999			



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6007090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  07/15/2016
NAME OF PROVIDER OR SUPPLIER  PARIS HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 NORTH MAIN STREET PARIS, IL 61944		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 8  R34's Census Sheet documents R34 was admitted to the facility on 7/1/16. The facility's determination of need screen provided by E19 documents R34's screening was performed on 7/13/16.  R35's Census Sheet documents R35 was admitted to the facility on 6/29/16. The facility did not provide a determination of need screen for R35. E19 stated, "We do not have (R35's) screen."  R37's Census Sheet documents R37 was admitted to the facility on 5/28/16 and was discharged from the facility on 6/15/16. This same Census Sheet documents R37 was readmitted to the facility on 6/20/16 and discharged from the facility on 7/1/16. The facility's determination of need screen provided by E19 documents R37's screening was performed 7/13/16.  On 7/13/16 at 10:15, E19 stated, "We have had some interim people in the admissions office and some of these screens fell through the cracks."  On 7/15/16 at 12:15 pm, E1, Administrator, and E19 both stated, "We don't contact The Department on Aging's BEAM Program to obtain a post-admission screening, we just contact (screening agency).  On 7/13/16 at 10:15 am, resident criminal history background checks were reviewed with E19, Business Office Manager. Findings were as follows:  R31's Census Sheet documents R31's original admission to the facility was on 12/5/15. The	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007090</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARIS HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1011 NORTH MAIN STREET PARIS, IL 61944</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 9  Criminal Background Check for R31 provided by E19 was dated 7/5/16.  R32's Census Sheet documents R32 was admitted to the facility on 6/30/16. The facility's Criminal History Background Check for R32 provided by E19 was dated 7/5/16.  R33's Census Sheet documents R33 was admitted to the facility on 6/27/16. The facility's Criminal History Background Check for R33 provided by E19 was dated 7/5/16.  R34's Census Sheet documents R34 was admitted to the facility on 7/1/16. The facility's Criminal History Background Check for R34 provided by E19 was dated 7/5/16.  R35's Census Sheet documents R35 was admitted to the facility on 6/29/16. The facility's Criminal History Background Check for R35 was dated 7/12/16.  R36's Census Sheet documents R36 was admitted to the facility on 6/18/16. The facility's Criminal History Background Check for R36 was dated 7/12/16.  On 7/13/16 at 10:15 am, E19 stated, "We have a batch of these background checks which are out of compliance. They weren't performed on time, and when I pulled the files, I noticed they hadn't gotten done. Our admissions person is new and is being trained by our corporate staff from Indiana, and they didn't realize this was a requirement for Illinois."  The Resident Census and Conditions of Residents Report dated 7/12/16 documents 77 residents reside in the facility.	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007090</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>07/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARIS HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1011 NORTH MAIN STREET PARIS, IL 61944</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 10  (B)  300.626c) Section 300.626 Discharge Planning for Identified Offenders c) When a resident who is an identified offender is discharged, the discharging facility shall notify the Department.  These requirements were not met as evidenced by:  Based on record review and interview, the facility failed to meet the requirements of the Identified Offender Program by failing to notify the Illinois Department of Public Health (IDPH) Identified Offender Program of the discharge of one resident (R38). R38 was documented as an identified offender. These failures have the potential to effect all 77 residents residing in the facility.  Findings include:  The IDPH Identified Offender Report dated 6/9/16 documents R38 as an identified offender residing in the facility. R38's Census Sheet documents R38 was discharged from the facility on 12/31/15.  On 7/13/16 at 10:15 am, E19, Business Office Manager, stated, "We filled out the top half of the identified offender report when R38 was admitted, but we do not have the second half of the Identified Offender Report filled out for (R38) to report that (R38) was discharged."  The facility's Resident Census and Conditions of Residents Report dated 7/12/16 documents 77 residents reside in the facility.  (B)	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007090</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARIS HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1011 NORTH MAIN STREET PARIS, IL 61944</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5) COMPLETE DATE
S9999	<p>Continued From page 11</p> <p>300.670a)c) Section 300.670 Disaster Preparedness a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility. c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to: 1) Ensure that all personnel on all shifts are trained to perform assigned tasks; 2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility; and 3) Evaluate the effectiveness of disaster plans and procedures.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills for each shift, failed to conduct disaster drills other than fire, and failed to train all personell in the use of fire fighting equipment. These failures have the potential to effect all 77 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility's Fire Drill Evaluation forms provided by E17, Maintenance Director, document fire drills were conducted, since the most recent annual survey of 8/14/15, for the facility's third shift on 9/30/15, and 5/17/16, failing to conduct</p>	S9999	

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007090</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>07/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARIS HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1011 NORTH MAIN STREET PARIS, IL 61944</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 12  third shift fire drills for two of four quarters. These same evaluation forms document fire drills were conducted for the facility's second shift on 8/30/15, 11/26/15, and 6/8/16, failing to conduct second shift fire drills for one of four quarters.  The facility's undated Disaster Policy (policies) documents potential disasters as missing residents, power outages, hazardous chemical spills, floods, earthquakes, medical emergencies, severe storms/tornado, and bomb threat.  On 7/14/16 at 10:15 am, E22, Receptionist/ Front Door Monitor, stated, "If the door alarm is sounding, and I do not see anyone at the door, I just turn off the alarm and announce 'front door clear'. I do the same thing every time."  On 7/14/16 at 11:30 am, E17, Maintenance Director, stated, "We have not done any disaster drills since the last survey (8/14/15), only fire drills. We have one (disaster drill) scheduled for 7/29/16. I thought I had a year to do them."  On 7/14/16 at 1:00 pm, E18, Housekeeper, stated, "I have worked here five months and I have not received any training on what to in case of a tornado or tornado warning." E18 further stated, "I have not been trained how to use a fire extinguisher, I do not know how to use one."  The facility's Resident Census and Conditions of Residents report documents 77 residents reside in the facility.  (B)	S9999			



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.dph.illinois.gov](http://www.dph.illinois.gov)

## IMPOSED PLAN OF CORRECTION

NAME OF FACILITY: Paris Health Care Center

DATE AND TYPE OF SURVEY: Annual Licensure and Certification Survey conducted July 15, 2016

300.1210b)5)  
300.1210d)6)  
300.1220b)2)7)  
300.3240a)

### Section 300.1210 General Requirements for Nursing and Personal Care

- b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.
- 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.
- d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:
- 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

### Section 300.1220 Supervision of Nursing Services

- b) The DON shall supervise and oversee the nursing services of the facility, including:
  - 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.
  - 7) Coordinating the care and services provided to residents in the nursing facility.

### Section 300.3240 Abuse and Neglect

- a) *An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)*

Attachment B  
Page 1 of 2

This will be accomplished by:

- I. The facility will conduct an investigation of all fall incidents and take appropriate actions. The assessments for all residents identified as high risk for falls and all residents requiring supervision will be reviewed for accuracy of the assessment. These assessments will be revised as necessary based on the outcome of the review. The facility will evaluate their method of communicating resident supervision and safety needs to staff and make revisions, as necessary, based on this evaluation.
- II. All direct care staff will be in-serviced on resident supervision and all policies regarding fall prevention, safe transfers and supervision. The in-service will cover a review of the deficiency and address interventions that would have prevented or diminished the resident's injury.
- III. The Director of Nursing and/or designee will monitor and oversee staff to ensure they are following facility policies, that all resident supervision and safety needs are accurately assessed, communicated, and implemented in a timely manner. The Director of Nursing will coordinate the care and services provided to residents to assure resident needs are met.
- IV. Documentation of in-service training, assessments, and related follow-up actions will be maintained by the facility.
- V. The Administrator and Director of Nurses will monitor Items I through IV to ensure compliance with this Imposed Plan of Correction.

COMPLETION DATE: Within 10 days of receipt of this notice.

8/10/16/lo

**Attachment B**  
**Imposed Plan of Correction**